

09-20-05

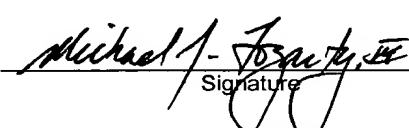
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PTO/SB/31 (04-05)

Approved for use through 07/31/2006. OMB 0651-0031

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 51410/P013US/09900130	
In re Application of Peter J. Hartmaier			
Application Number 09/365,426-Conf. #1765		Filed August 2, 1999	
For SYSTEM AND METHOD FOR PREPAID ACCOUNT REPLENISHMENT			
Art Unit 3624		Examiner D. S. Felten	
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ 500.00	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$	
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 06-2380. See Fee Transmittal.			
<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
I am the			
<input type="checkbox"/> applicant /inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		 Signature	
<input type="checkbox"/> attorney or agent of record. Registration number		Michael J. Fogarty, III Typed or printed name	
<input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. 42,541		(214) 855-8172 Telephone number	
		September 19, 2005 Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of 1 forms are submitted.			

Adjustment date: 09/21/2005 TBESHAH1
05/21/2004 CNGUYEN 00000018 09365426
01 FC:2401 -165.00 OP09/21/2005 TBESHAH1 00000023 062380 09365426
01 FC:1401 5.00 DA 495.00 OP